

A95000001422

DANIEL E. CONLEY, ATTORNEY

6310 Trail Boulevard

Naples, FL 33963

(941) 597-7184

(941) 597-7264 fax

September 12, 1995

2000001585142
-09/14/95--01006--002
*****87.50 *****87.50

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
1995 SEP 25 AM 8:20
TALLAHASSEE, FLORIDA

RE: EAGLE PINES GOLF CLUBS OF FLORIDA, LIMITED

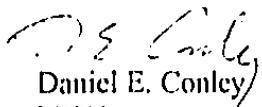
Dear Sir or Madam:

On behalf of the above limited partnership, I enclose two copies of the Certificate of Limited Partnership along with a check in the amount of \$87.50.

Please enter this limited partnership on the records of your office, and return one copy of the Certificate to me, with the file stamp of your office.

Thank you.

Very truly yours,


Daniel E. Conley
DEC/cb
encl.
cb/sec-state.doc

9/15/95a

~~1789, 717, 671~~

9/25/95a

~~A9500001585142~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

Sp

September 15, 1995

DANIEL E. CONLEY, ESQUIRE
6310 TRAIL BLVD.
NAPLES, FL 33963

SUBJECT: EAGLE PINES GOLF CLUBS OF FLORIDA, LIMITED
Ref. Number: W95000018634

We have received your document for EAGLE PINES GOLF CLUBS OF FLORIDA, LIMITED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 095A00042606

Dear Sirs:

The Articles were filed on
the same day. Please check
your records.

CERTIFICATE OF LIMITED PARTNERSHIP
OF
EAGLE PINES GOLF CLUBS OF FLORIDA, LIMITED

A9500000 1422

FILED
SEP 25 PM 8 20
TALLAHASSEE, FLORIDA

We, the undersigned, desiring to form a Limited Partnership, pursuant to the Florida Revised Uniform Limited Partnership Act (1986), do hereby certify:

1. The name of the Limited Partnership is EAGLE PINES GOLF CLUBS OF FLORIDA, LIMITED.
2. The mailing address of the Limited Partnership is 4995 Tamiami Trail East, Naples, Florida, 33962.
3. The office address of the Limited Partnership, and also the registered office of the Limited Partnership, is 4995 Tamiami Trail East, Naples, Florida, 33962, and the registered agent for service of process thereat is Bruce G. Houran.
4. The name and the business address of each General Partner as of the date of execution of this Certificate is:

NAME	BUSINESS ADDRESS
EAGLE PINES GOLF, INC.	4995 Tamiami Trail East Naples, Florida 33962

5. The name and the business address of each Limited Partner as of the date of execution of this Certificate is:

NAME	BUSINESS ADDRESS
BRUCE G. HOURAN	4995 Tamiami Trail East Naples, Florida 33962

6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2024.

7. The character of the business intended to be transacted by the Limited Partnership is to own and operate golf courses and clubs.

IN WITNESS WHEREOF, we have executed this Certificate this 12th day of September, 1995

GENERAL PARTNER:
EAGLE PINES GOLF, INC.

By: Bruce G. Houran
Bruce G. Houran, President

Carolyn S. Parker
Witness
Carolyn S. Parker
Witness

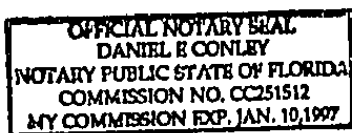
LIMITED PARTNER:

Bruce G. Houran
Bruce G. Houran

Carolyn S. Parker
Witness
Carolyn S. Parker
Witness

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing Certificate was acknowledged before me this 12th day of September, 1995, by BRUCE G. HOURAN as President of EAGLE PINES GOLF, INC., General Partner and also as Limited Partner, who is personally known to me or produced _____ as identification and did take an oath.



Daniel E. Conley
Notary Public

Printed Name of Notary

My commission expires:
(SEAL)

Having been named to accept service of process for the above-stated limited partnership, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Signature Bruce G. Houran
Bruce G. Houran

Date 9/12/95

FILED
1995 SEP 25 AM 8:20
TALLAHASSEE, FLORIDA

FILED
1995 SEP 25 PM 8 20
TALLAHASSEE, FLORIDA

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared BRUCE G. HOURAN, who, being first duly sworn, did depose and say:

1. This Affidavit is made pursuant to Florida Statutes 620.108, in connection with the Certificate of Limited Partnership of EAGLE PINES GOLF CLUBS OF FLORIDA, LIMITED.

2. As of the date of execution of this Affidavit, I am the sole Limited Partner. The amount of the capital contribution by me as Limited Partner is \$100.00.

3. As of the date of execution of this Affidavit, the amount anticipated to be contributed by the Limited Partners is less than \$1,000.00. If the actual contributions from Limited Partners exceed the anticipated amount, a supplemental affidavit will be filed at that time pursuant to Florida Statutes 620.112 and any additional fees pursuant to Florida Statutes 620.182(4) will be paid at that time.

FURTHER THE AFFIANT SAYETH NAUGHT.

Bruce G. Houran
Bruce G. Houran

SWORN TO AND SUBSCRIBED before me this 12th day of September, 1995, by
BRUCE G. HOURAN, who is personally known to me or produced
_____ as identification and did take an oath.

[Signature]
Notary Public

Printed Name of Notary
My commission expires:

(SEAL)

